

FORM NO. 1.

(1) PLACE OF BIRTH

County of MarlboroTownship of Beunettville

or

Inc. Town of Beunettville

or

City of Beunettville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11872

Registration District No. 33-A Registered No. 25

(For use of Local Registrar)

St. Ward

If child is not yet named, make supplemental report as directed

(2) Full Name of Child Miss Johnnie Johnson(3) BOY OR GIRL? Boy(4) Twin or Triplet? —(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? No(7) DATE OF BIRTH April 18 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Major Johnson(9) PRESENT POSTOFFICE OF FATHER Beunettville SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Dealers Marlboro Co SC(13) OCCUPATION Labour(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Rogers(15) PRESENT POSTOFFICE OF MOTHER Beunettville SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Marlboro Co SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Living at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mollie Grace

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Beunettville SC

Given name added from a supplemental report

, 191...

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 22 1915 (28) W. W. Pate Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia

A F E T Y A F I L M